

SECTION A Provider/Program Information

1. County Name: _____

3. Provider Name: _____

5. Telephone No.: (____) _____

2. Provider ID No.: ____ ____ ____ ____ ____

4. Contact Person: _____

SECTION B Target Environments Please check all boxes that apply.

B1 Places:

☐ (a) Alcohol Outlets

☐ (b) AOD Treatment/Recovery

☐ (c) Correctional Facilities

☐ (d) Faith Center

☐ (e) Health Care Facilities

☐ (f) Hotel/Motel

☐ (g) Neighborhoods

☐ (h) Open Space

☐ (i) Public Facilities

☐ (j) Residences

☐ (k) Schools

☐ (l) Shopping/Commercial Area

☐ (m) Vehicles

☐ (n) Workplace

☐ (o) All other places (specify) _____

B2 Events:

☐ (p) Block/Street Parties/Community Events

☐ (q) Conventions and Trade Shows

☐ (r) County Fairs and Other Mass Events

☐ (s) Graduation/Other Institutional Events

☐ (t) National/State Holiday Celebration

☐ (u) Special Events for Affinity Groups

☐ (v) Other (specify) _____

B3 Problems and Environmental Approaches Used Please check all boxes that apply.

Approaches

Problems	Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media
(a) Public Inebriation/Public Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Illicit Drug Dealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Driving Under the Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approaches

Problems	Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media
(F) Youth Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Loitering, Littering, Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Heavy Drinking or Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Workplace/Other Org. Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4 Service Populations

Please check all boxes that apply. Asterisks* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth*

☐ (f) Economically Disadvantaged*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems*

☐ (z) Persons Using Substances*

☐ (aa) Persons With Physical Disabilities*

☐ (bb) Physical/Emotional Abuse Victims*

☐ (cc) Pregnant Women/Teens*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth*

☐ (jj) School Dropouts*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) _____

SECTION C Environmental Services Provided For The Reporting Years

	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(a) Zoning Ordinances for Alcohol Outlets, New			
(b) Zoning Ordinances, Abate Existing Outlets			
(c) Drinking in Public Ordinances Passed/Improved			
(d) One-Day Event Requirements Passed/Improved			
(e) School Policies Passed/Improved (K-12)			
(f) School Policies Passed/Improved (college)			
(g) Workplace Policies (not EAP, programs only)			
(h) State ABC Regulations Passed/Improved			
(i) Other Local Control Powers Passed/Improved			

	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(j) Social Host Training/Management Programs			
(k) Commercial Host Training/Management Programs			
(l) Holiday Campaigns and Special Events			
(m) Managing Hi-risk Advertising/Billboard Controls			
(n) Facility Design to Prevent AOD Problems			
(o) Improved Enforcement			
(p) Neighborhood Mobilization			
(q) Community Development			
(r) Other (specify)			